

## CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN 2005 NON-AFFILIATE APPLICATION \*



California Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (Board) approved Principal Combined Fund Drive (PCFD).





### FORM INSTRUCTIONS

**The complete application must be postmarked no later than MARCH 1, 2005.**

The following items must be returned to the Board in order for your organization to be considered for participation in the 2005 Campaign.

- ➔ 1. A completed application, **including an original signature. Please print or type all information.**
- ➔ 2. A **copy of your 501(c)(3) documentation**, including a letter from the IRS or other state issued documentation authorizing any legal name change. (A copy of the 501(c)(3) documentation must be submitted even if your organization has previously participated in the Campaign.)

**Please Note:**

-  *Facsimile applications cannot be accepted. However, photocopies of the application bearing an original signature are acceptable.*
-  *Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, write "n/a" in the blank.*
-  *Please do not send additional information with your application, i.e. organization brochures, financial statements, etc.*
-  *Return completed form to:* Victim Compensation and Government Claims Board  
PO Box 3035  
Sacramento CA 95812-3035  
Attn: Marlene Dederick, Campaign Coordinator

INDICATE ORGANIZATION STATUS by placing an "X" in the appropriate box:

We are a non-profit, non-affiliate\* agency operating as a(n):

☐

**Independent:** not a member agency  
of a federation.

☐

**Federation:** A Federation is defined as any organization that represents itself and other organizations in the Campaign. Examples of federations include: America's Charities, Children's Charitable Alliance, etc.)

☐

**Member agency of a Federation.** Correspondence is sent directly to you unless otherwise directed. Contributions are disbursed through the PCFD via your Federation.

\* "Non-affiliates" (NAFFs) are defined as charitable organizations that are not member agencies of the approved Principal Combined Fund Drive (PCFD) agencies. Unlike PCFDs, non-affiliated Campaign fundraising activities are not restricted to designated geographic areas. Therefore, NAFFs may receive Campaign contributions from donors in all 58 counties if so indicated on their applications.

**Board Use ONLY:**

**CSECC ID Number:**

Pursuant to the legal authority cited above, the following organization hereby applies to the Board to (1) be included, by name, in the literature distributed during the 2005 California State Employees' Charitable Campaign (Campaign) by the organization(s) approved by the Board to serve as the PCFD for the area(s) listed below; and (2) receive contributions that State officers and employees may designate to the organization.

## ORGANIZATION INFORMATION

### ORGANIZATION NAME

A. **LEGAL NAME** exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form.

If your organization name does not match the name on the 501(c)(3) form, is known by another name or you would like contributions directed to a specific program within your organization, please complete this section by placing a check mark in the appropriate box. (Organization's name changes **REQUIRE** that supporting documentation, i.e., fictitious business name statement, articles of amendment, etc., be submitted with your application.)

B. The above organization is:

☐ **Doing Business As** ☐ **Also Known As** ☐ **Program under the Organization named below**

name: \_\_\_\_\_

**ORGANIZATION ADDRESS** Please send all correspondence to: \_\_\_\_\_

(Please indicate only one answer):

\_\_\_\_\_ Physical Address

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Federation Address (if applicable)



**PHYSICAL ADDRESS:**

(Required for verification purposes)

CITY, STATE, ZIP \_\_\_\_\_



**MAILING ADDRESS:**

(If different than the physical address)

CITY, STATE, ZIP \_\_\_\_\_

### CONTACT – ADDITIONAL INFORMATION

**PRIMARY CONTACT:**

(Name and Title)

**TELEPHONE NUMBER:**

(Please do not use letters.)

**EMAIL ADDRESS:**

**WEB PAGE ADDRESS:**

**FEDERAL TAX ID NUMBER:**

**WE ARE A MEMBER OF A FEDERATION**

☐ Yes

☐ No

If yes, name of the Federation: \_\_\_\_\_

**FEDERATION PHONE NUMBER:** \_\_\_\_\_

CSECC ID Number:



## **FEDERATION INFORMATION** *(see definition on page 1)*

***This information need only be completed by organizations applying as a Federation.***

Specify the number of your affiliated members for the 2005 Campaign: \_\_\_\_\_.

Attach a complete alphabetical listing of affiliates that have, or will have, applied through your agency for participation in the 2005 Campaign by the Campaign deadline.

## **AREAS OF SOLICITATION**

Please check the box of those California counties where your organization normally solicits contributions. If your organization normally solicits contributions from all California counties, please indicate "statewide" **only**.

|                                       |                                      |                                    |  |  |   |
|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|
| <input type="checkbox"/> Alameda      | <input type="checkbox"/> Glenn       | <input type="checkbox"/> Marin     | <input type="checkbox"/> Placer          | <input type="checkbox"/> San Mateo     | <input type="checkbox"/> Sutter           |
| <input type="checkbox"/> Alpine       | <input type="checkbox"/> Humboldt    | <input type="checkbox"/> Mariposa  | <input type="checkbox"/> Plumas          | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Tehama           |
| <input type="checkbox"/> Amador       | <input type="checkbox"/> Imperial    | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Riverside       | <input type="checkbox"/> Santa Clara   | <input type="checkbox"/> Trinity          |
| <input type="checkbox"/> Butte        | <input type="checkbox"/> Inyo        | <input type="checkbox"/> Merced    | <input type="checkbox"/> Sacramento      | <input type="checkbox"/> Santa Cruz    | <input type="checkbox"/> Tulare           |
| <input type="checkbox"/> Calaveras    | <input type="checkbox"/> Kern        | <input type="checkbox"/> Modoc     | <input type="checkbox"/> San Benito      | <input type="checkbox"/> Shasta        | <input type="checkbox"/> Tuolumne         |
| <input type="checkbox"/> Colusa       | <input type="checkbox"/> Kings       | <input type="checkbox"/> Mono      | <input type="checkbox"/> San Bernardino  | <input type="checkbox"/> Sierra        | <input type="checkbox"/> Ventura          |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Lake        | <input type="checkbox"/> Monterey  | <input type="checkbox"/> San Diego       | <input type="checkbox"/> Siskiyou      | <input type="checkbox"/> Yolo             |
| <input type="checkbox"/> Del Norte    | <input type="checkbox"/> Lassen      | <input type="checkbox"/> Napa      | <input type="checkbox"/> San Francisco   | <input type="checkbox"/> Solano        | <input type="checkbox"/> Yuba             |
| <input type="checkbox"/> El Dorado    | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Nevada    | <input type="checkbox"/> San Joaquin     | <input type="checkbox"/> Sonoma        |   |
| <input type="checkbox"/> Fresno       | <input type="checkbox"/> Madera      | <input type="checkbox"/> Orange    | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Stanislaus    | <input type="checkbox"/> <b>STATEWIDE</b> |

## **DESCRIPTION OF ACTIVITIES**

### **New Applicants**

Please provide a statement, no longer than 25 words in length,<sup>1</sup> describing your organization's activities. DO NOT include the name of your organization in your statement. Your web address may be included and will not be counted as part of the 25 words. This statement may be included in the local Campaign Brochures.

*Sample appearance in brochures:*

**0000 Name of Organization**  
Phone no. Address  
25 Word Description

### **Previous Applicants**

*Modifications may be made by lining out information and writing in the desired wording or a separate sheet may be attached.*

☐ No changes are necessary; please continue to use the statement below. *(If no statement is printed, please write it in the space below.)*

<sup>1</sup> The Board will edit any statement that uses special fonts or exceeds 25 words.

## **EXPENSES**

**Estimate** the percentage of overall contributions used for fundraising and administrative expenses.

|                |   |
|----------------|---|
| Fundraising    | % |
| Administrative | % |
| <b>TOTAL</b>   | % |

## **CONDITIONS FOR APPROVAL OF THIS APPLICATION**

- A. We agree** that any Principal Combined Fund Drive (PCFD) agency approved by the Victim Compensation and Government Claims Board (Board) for the 2005 Campaign may, prior to transmitting to us the contributions designated to our organization, deduct a percentage for the reimbursement of PCFD fundraising and administrative expenses. We understand that the Board-approved percentage rate for this deduction will be published in the Campaign literature distributed by the PCFD to State officers and employees.
- B. We acknowledge that:**
- 1) This original application form must be **complete** and postmarked no later than the date specified by the Board. A timely submission is necessary to ensure that our organization will, if approved by the Board, be included, by name, in the Campaign literature distributed by the PCFD to State officers and employees.
  - 2) If the Board requests information supporting a certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility shall rest with the applicant.
- C. We certify under penalty of perjury:**
- 1) That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
  - 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Section 12900).

CSECC ID Number:



**APPLICATION FILING DEADLINE: MARCH 1, 2005**

Please be sure that this application includes required documentation for a name change or doing business as statement. This will avoid any unnecessary delays in processing the application.

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**Original** Signature of Executive Officer or Authorized Officer  
(blue ink preferred)

Date

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Typed or Printed Name of Executive Officer or Authorized Officer

Title

*Please return this completed application to:*

Victim Compensation and Government Claims Board  
PO Box 3035  
Sacramento CA 95812-3035  
Attn: Marlene Dederick, Coordinator Campaign



*We appreciate your organization's interest in the 2005 California State Employees Charitable Campaign.*

CSECC law, rules and policies, as well as copies of the application can be downloaded by visiting our website at [www.vcgcb.ca.gov/csecc.htm](http://www.vcgcb.ca.gov/csecc.htm). Do not hesitate to contact Marlene Dederick if you have any questions. Our toll free number is 1 (800) 955-0045

CSECC ID Number: